



Preceptor Training



Preceptor Training

- The preceptor plays a critical role in the training and education of the new EMS student
- This training hopes to prepare the EMT/Paramedic to act as a role model and clinical preceptor for new EMS students.



Learning Objectives

- Program Goals
- Purpose of the Paramedic student Internship
- What is a Preceptor
- Preceptor criteria
- Role of the preceptor
- Responsibilities of the preceptor
- Laws of learning
- Positive vs. negative feedback
- Environment conducive to learning
- Documentation
- Important Information



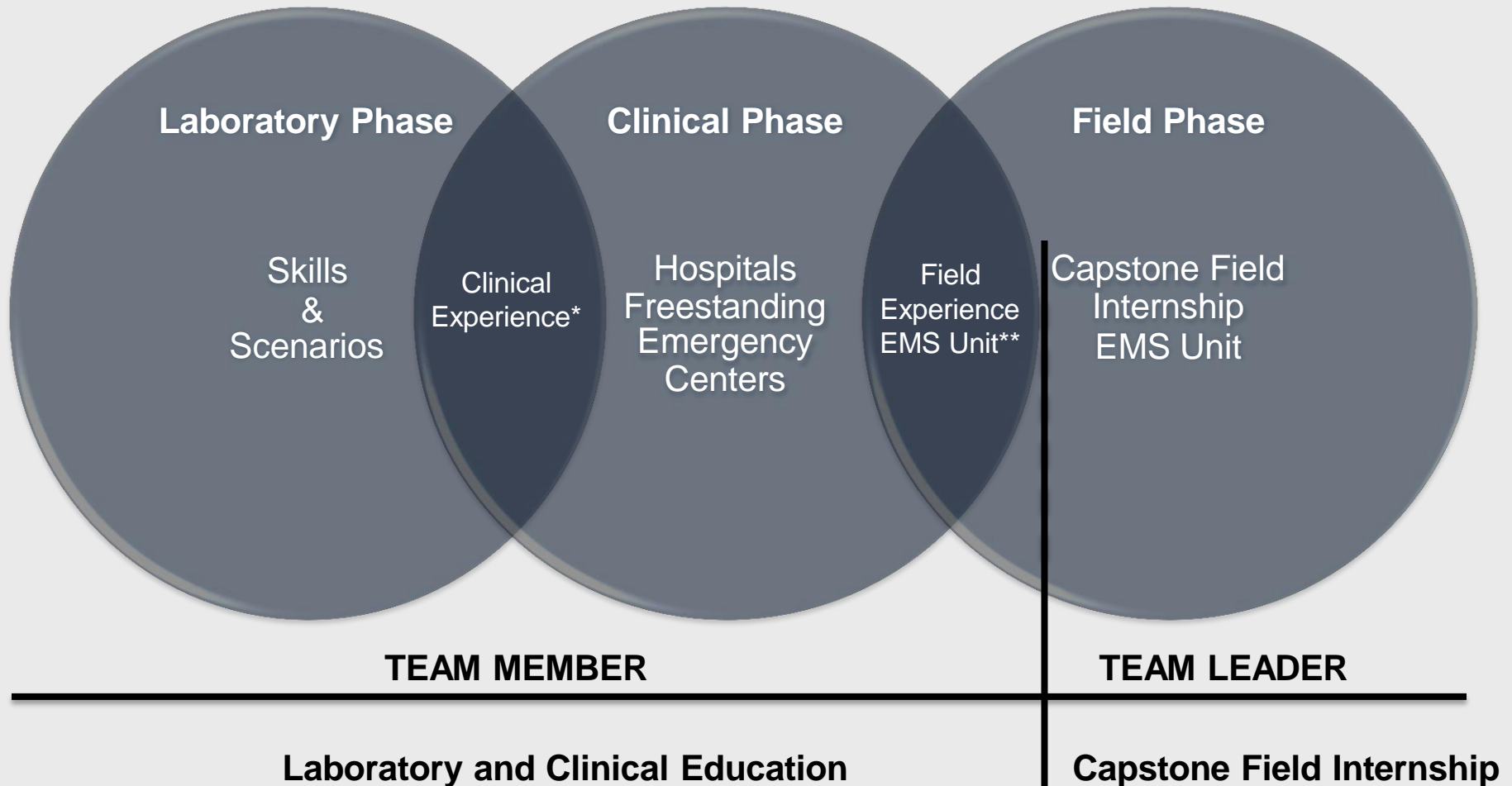
Program Goal and Objectives

- The goal of St. John's University Emergency Medical Services (SJU EMS) Institute Paramedic Program is to turn out competent New York State certified entry level Paramedics.



Psychomotor Formative & Summative Phases

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* Individual skills must be checked off in scenarios before performing in clinical setting

** Field experience before completion of entire Clinical Phase cannot be counted toward Capstone Field Internship

Clinical Phases

Adult Emergency Department
Pediatric Emergency Department
Phlebotomy
Anesthesia / Operating Room
Intensive Care Unit (medical or surgical)
Labor and Delivery
Medical Examiner's Office
Psychiatry
On-line Medical Control
Respiratory Therapy
Cardiac Catheterization Lab



Field Ambulance Phases

BLS Ambulance

96 hours if less than 6 months full time NYC 911 experience

ALS Ambulance FIELD EXPERIENCE

150 hours

ALS Ambulance FIELD INTERNSHIP

250 hours



Team Leads

- 250 hours of internship (Capstone) and 50 team leads (25 ALS required)
- Team Lead Objectives
- A successful team lead is defined as:



Why the Student Internship Process

- Demonstrate all advanced life support skills required of an entry level paramedic.
- Demonstrate ability to evaluate patient subjectively and objectively
- Demonstrate ability to develop presumptive diagnosis and proper treatment plan according to proper regional protocol
- Demonstrate ability to direct other crew members in performing patient care.



Preceptor/Mentor

- What is a preceptor?
 - Helps the student take the classroom teaching into real time learning
- Why do we have preceptors?
 - To mentor and to reinforce the teaching
- Do we really need preceptors?
 - Without preceptors, students may make mistakes and not realize it
- What do the preceptors get out of it?
 - Reinforce their own knowledge
 - Self-satisfaction
 - Training the next generation, their future partners

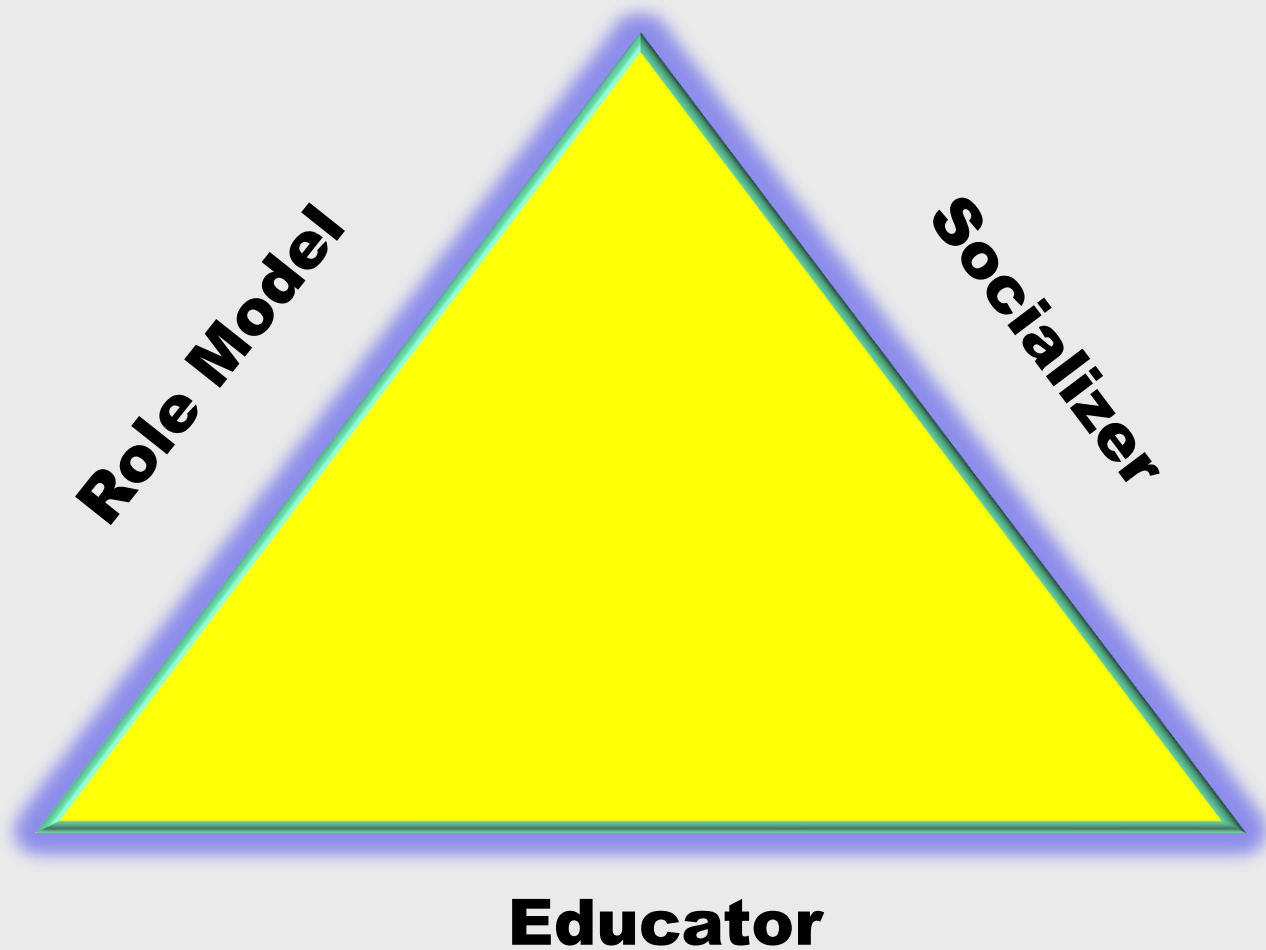


Preceptor Criteria

- Caring
- Positive interactions
- Empathetic
- Good communicator
- Strong patient advocate
- Expert practitioner
- Willing resource person
- Shares knowledge with others
- Respects dignity in all people
- Honest and accountable



Primary Role of the Preceptor



Qualities of a Preceptor

- Willingly answers questions
- Asks questions for the right reasons
- Remembers what it was like to be a student
- Asks students what they want to accomplish during their clinical day
- Supervises but takes a step back
- Provides learning opportunities
- Gives feedback
- Leaves their personal lives at home
- Make students walk away at the end of that day, wanting to be a paramedic



Why Should I Precept?

- Achieve satisfaction
- Attract good students
- Stay on top of your field
- Develop your professional network
- Extend your contribution



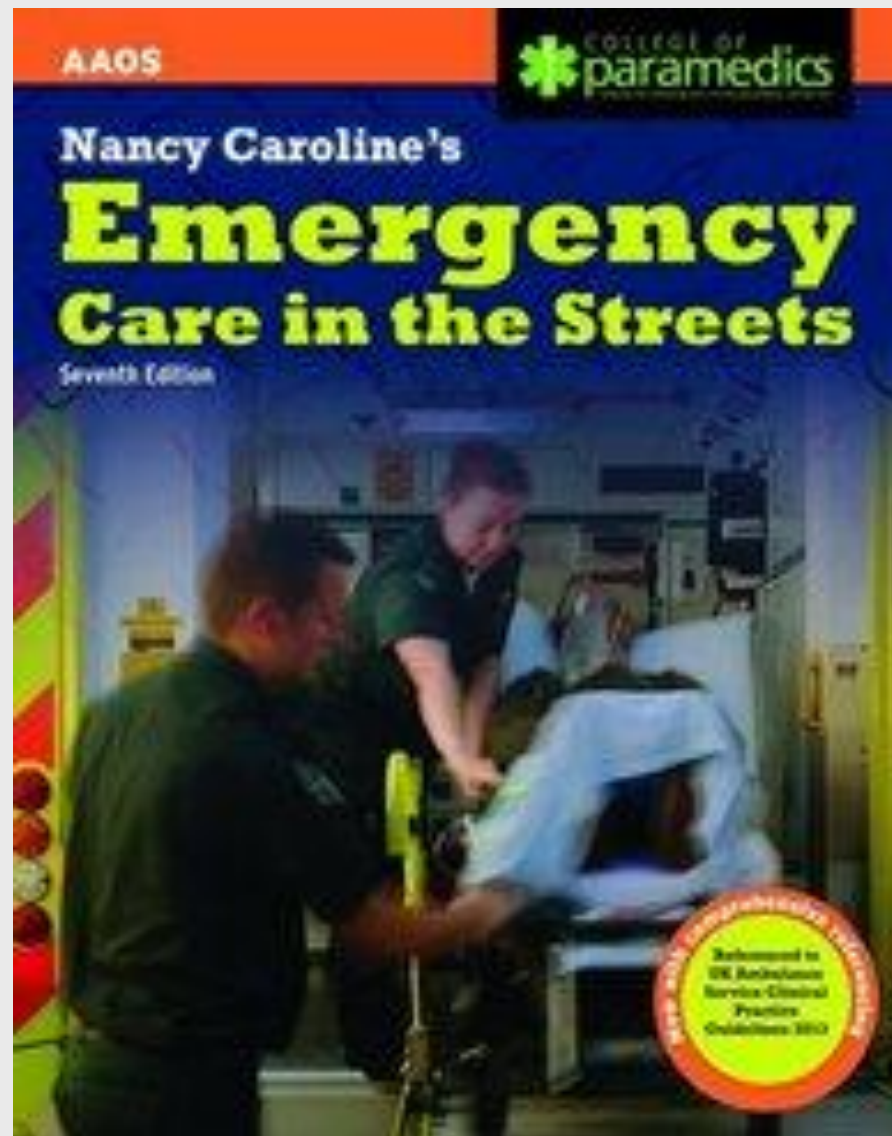
Responsibilities of a Preceptor

- Guide – support, encourage
- Monitor – patient care and skills performance
- Evaluate – student attitude and performance
- Identify those who need remediation – change behavior
- Keep accurate and complete records – evaluation forms
- Provide feedback – to student and program
 - Constructive
 - Specific
 - Frequent
 - Valid
- Maintain professional demeanor – you are the paramedic



Why Do We Need Preceptors?

- Not everything can be learned in a book
- Real life is too unpredictable
- Patients do not always present with classic signs/symptoms of diseases



From Classroom to



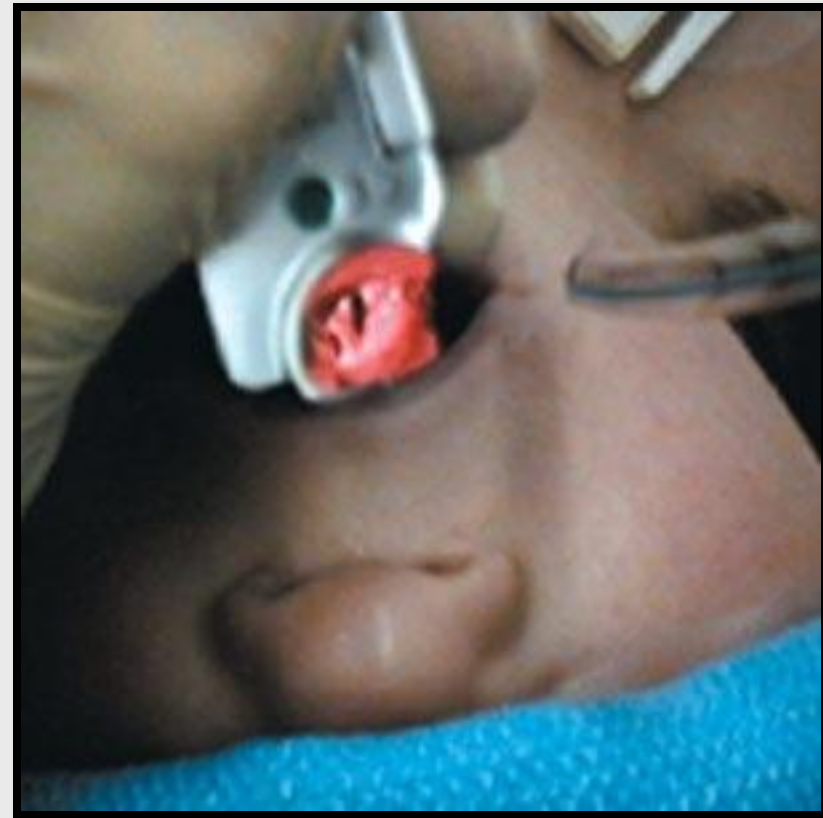
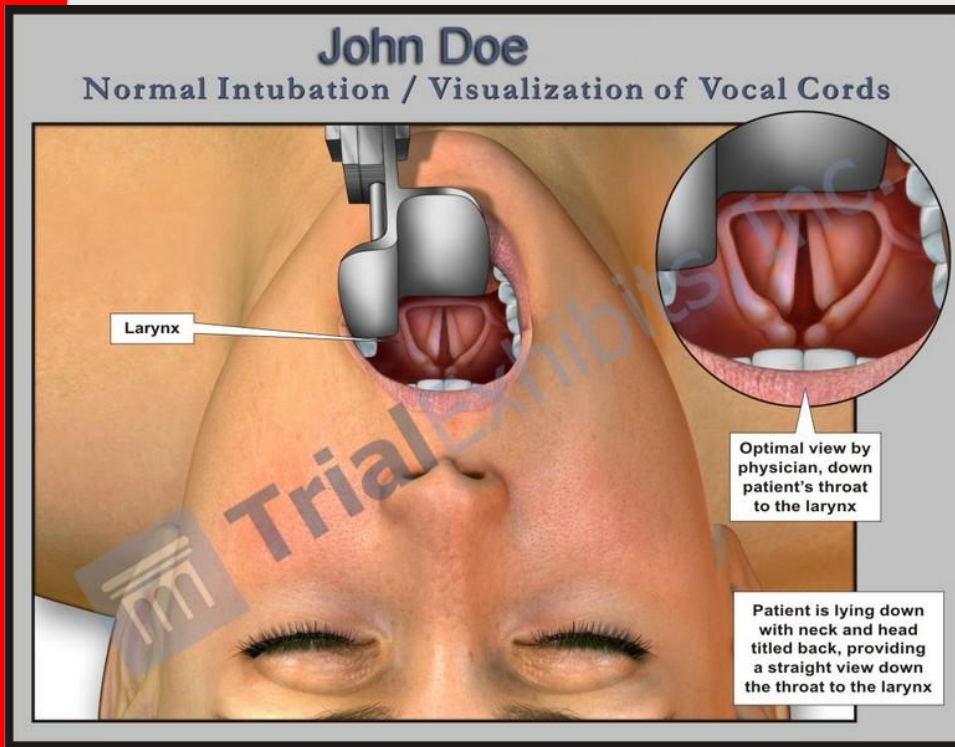
....Real Life



Simulation vs. Reality



Mannequin vs. Patient



Help Make the Connection

Preceptor and Paramedic Roles

- Major role with student (preceptee)
 - Facilitate rather than doing
 - Watch and evaluate
 - Intervene only when necessary
- Challenge –
 - Balance role of caregiver and preceptor



Laws of Learning

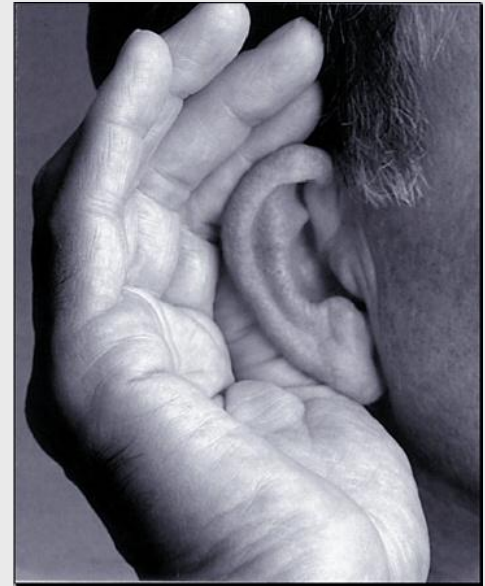
- Readiness
- Effect
- Relaxation
- Association
- Involvement
- Exercise
- Relevance
- Intensity
- Challenge
- Feedback
- Recency
- Expectations
- Emotions
- Differences



First Impressions are Lasting



How Your Students Learn



- Seeing
- Hearing
- Touching
- Relating to a similar or previous experience

Environment Conducive to Learning

- Mutual respect
- Collaborate ***NOT*** compete
- Offer feedback, review calls
 - Positive as well as negative
- Remember **YOU** were once a student
- Everyone is HUMAN



HUMAN

- **H** – **h**ear them out
- **U** – **u**nderstand their feelings
- **M** – **m**otivate their desires
- **A** – **a**cknowledge their efforts
- **N** – **n**ever put them down, make personal attacks, display harsh or blaming attitudes



Positive Feedback

- What?
 - Information that helps people to decide whether their behaviors have had the intended effects
- Start with **POSITIVE feedback** even if all the student did was arrive on time
- Reinforces behaviors
- Encourages repetition



Negative Feedback

- Negative reaction
- Student stops learning
- Can diminish their confidence



Ineffective Feedback Examples

- Example 1: "Good job!"
- Example 2: "the paramedic student saw all patients on the ambulance or in the emergency department today."



Effective Feedback Examples

- Example 3: "paramedic students need to ask themselves the question,
 - "Are all the recommended therapies ordered for this problem?" For each problem on every patient without losing efficiency in reviewing and analyzing the patient data."

- Example 4: "paramedic students specified therapeutic goals based on consideration of disease or trauma state. He/she uses practice guidelines appropriately. Goals are measurable and realistic for the patient."



Communication Stoppers

Why are some students not getting your message?

COMMUNICATION ROADBLOCKS

- Interrupting
- Ridiculing or blaming
- Ignoring/denying feelings or ideas
- Assuming
- Controlling
- Ordering/commanding



Written Evaluations

- Programs will ask for written evaluations from you
- Be honest, take your time
- Written comments are best, please don't just check the boxes
- Preceptor feedback is important
- Helps change student behavior
- Improves program
- Evaluations should be objective as possible

REMEMBER

You might be training your next partner!



Written Evaluation Errors

- **Contrast effect**
- **First impression**
- **Similar to me effect**
- **Central Tendency**
- **Negative and Positive Leniency**



Trouble-Shooting Negative Performance Problems

- Is there a problem?
- What is the problem?
- Is the problem important?
- Where has the system broken down?
 - Knowledge
 - Skills
 - Understanding



How to Handle the Difficult Student

- Why students can be difficult
 - They do not know what is expected of them
 - They lack the skill of ability to do what you want
 - They desire attention, respect and approval
 - They have a low tolerance for frustration
 - They enjoy exercising power and control



Clinical Paperwork



National Registry of Emergency Medical Technicians®
Paramedic Psychomotor Competency Portfolio Manual
CLINICAL SHIFT EVALUATION WORKSHEET

Student Name:			Date:		Educational Program: St. John's University			Clinical Site:							
Page ____ of ____		Time In:		Time Out:		Preceptor:				Unit:					
Directions: Each contact must be rated by the student first , and the rated by the preceptor second . Mark student ratings in the row marked "S" and preceptor in row "P." Comment on any discrepancies on Back. Preceptors complete shaded sections.						Rating: NA =Not applicable-not needed or expected. 0 = Unsuccessful- required excessive or critical prompting 1 - Marginal- inconsistent, not yet competent. 2 = Successful/competent- no prompting.									
Patient Age Sex	Impression/Differential Diagnosis	LOC, Complaints, Events/Circumstances	Summary of treatments rendered successfully by student	Circle Patient Contact Type	Rater	Clinical Objectives								Comments and Immediate Plan for Improvement for Next Contact	
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					ALS										
					BLS										
3					S										
					P										
					ALS										
					BLS										
4					S										
					P										
					ALS										
					BLS										
5					S										
					P										
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Comment on any unsatisfactory ratings or discrepancies:

Overall plan for improvement for future shifts:

Student reported:

☐ on time, ☐ well groomed, ☐ in uniform and prepared to begin the shift ☐ **Yes** ☐ **No**

Student knows equipment location and use. ☐ **Yes** ☐ **No**

Behavior was professional:

☐ Accepts feedback openly ☐ Self-motivated ☐ Efficient ☐ Flexible ☐ Careful ☐ Confident

Student helps clean up and restock, unprompted. ☐ **Yes** ☐ **No**

Student asked relevant questions and participated in learning answers, used downtime to its highest potential.

☐ **Yes** ☐ **No**

Student left site early (did not complete shift). ☐ **Yes** ☐ **No**

Preceptor would appreciate:

☐ phone call or ☐ email from the instructor (please provide contact info).

☐ **Yes** ☐ **No**

Student Signature

I agree to the above ratings:

Preceptors Signature

Clinical Objectives:

Pt Interview/Hx Gathering: Student completes an appropriate interview and gathers appropriate history; listens actively, makes eye contact, clarifies complaints, respectfully addresses patient; demonstrated compassion and /or firm bedside manner depending on the needs of the situation.

Physical Exam: Student completes an appropriate focused physical exam specific to the chief complaint and/or comprehensive head-to-toe physical examination.

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Skill Performance: Student performs technical skills accurately and safely.

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Self-motivated: Takes initiative to complete assignments and improve/correct problems, strives for excellence, incorporates feedback and adjusts behavior/performance.

Efficient: Keeps assessment and treatment times to a minimum, releases other personnel when not needed and organizes team to work faster/better.

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Careful: Pays attention to detail of skills, documentation, patient comfort, set-up and clean-up and completes tasks thoroughly. **Confident:** Makes decisions, trusts and exercises good personal judgment and is aware of limitations and strengths.

Open to feedback: Listens to preceptor and accepts constructive feedback without being defensive (interrupting, giving excuses).

Team Membership Objective: Clinical Experience evaluation of field performance assess a student as a Team Member and is isolated to evaluation of individual skill delivery or a portion of patient care delivered. When evaluating the student performance as a Team Member, only the portion of care completed by the student is evaluated. The Team Member role contains an affective component and evaluates the student's cognitive understanding of complete patient care that paramedics are expected to deliver

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Unsuccessful ratings are normal and expected in the early stages of the clinical learning process when student needs prompting.

**For any questions or concerns regarding this student please contact the Clinical
Coordinator, Scott Holliday at (718) 990-8418 and leave a message or email**

hollidas@stjohns.edu

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CAPSTONE FIELD INTERNSHIP SHIFT EVALUATION WORKSHEET**

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Team Leadership Objective: The student has successfully led the team if he or she has conducted a comprehensive assessment (not necessarily performed the entire interview of physical exam, but rather been in charge of the assessment), as well as formulated and implemented a treatment plan for the patient. This means that most (if not all) of the decisions have been made by the student, especially formulating a field impression, directing the treatment, determining patient acuity, disposition and packaging/moving the patient (if applicable). Minimal to no prompting was needed by the preceptor. No action was initiated/performed that endangered the physical or psychological safety of the patient, bystanders, other responders or crew. (Preceptors should not agree to a "successful" rating unless it is truly deserved. As a general rule, more unsuccessful attempts indicate willingness to try and are better than no attempt at all.)

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These are the objectives that the students are expected to strive for.

Clinical Paperwork Contact Info



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Scott Holliday at (718) 990-8418 and leave a message or email hollidas@stjohns.edu

There is contact information for the clinical coordinator on the back of every evaluation

These Students Want What You Have



Important information

- INJURIES, INCIDENTS AND UNUSUAL OCCURRENCES
- IDENTIFICATION
- DRESS CODE
- PERSONAL EQUIPMENT
- PROTOCOLS
- STUDENTS ARE ONLY STUDENTS



Summary

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Thank You

- We really appreciate all that you do
- We thank you for your input
- We hope to continue this relationship for a long time



Questions?

Scott Holliday, BS, EMT-P, CIC, Regional Faculty
Clinical Coordinator,
St. John's University EMS Institute

hollidas@stjohns.edu

(718) 990-8418